

RCE/93 \$ H

PTO/SB/30 (09-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Request For Continued Examination (RCE) Transmittal Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/229,628
	Filing Date	January 13, 1999
	First Named Inventor	Yasutaka Sakaino
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	32014-141666

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. ☒ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. ☒ Consider the arguments in the Appeal Brief or Reply Brief previously filed on August 12, 2002

ii. ☐ Other _____

b. ☒ Enclosed

i. ☒ Amendment/Reply

iii. ☐ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other _____

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☐ Other _____

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 22-0261. I have enclosed a duplicate copy of this sheet.

i. ☒ RCE fee required under 37 CFR 1.17(e)

ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other _____

b. ☐ Check in the amount of \$ _____ enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Signature		Date	October 27, 2004
Name (Print/Type)	Jeffri A. Kaminski	Registration No.	42,709

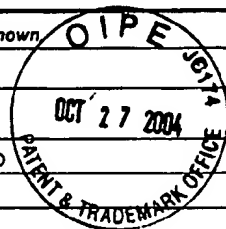
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02 FC:1201

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2005</h3> <p style="margin: 5px 0 0 20px;"><i>Patent fees are subject to annual revision.</i></p>		<p><i>Complete If Known</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/229,628</td> </tr> <tr> <td>Filing Date</td> <td>January 13, 1999</td> </tr> <tr> <td>First Named Inventor</td> <td>Yasutaka SAKAINO</td> </tr> <tr> <td>Examiner Name</td> <td>TBA</td> </tr> <tr> <td>Group / Art Unit</td> <td>TBA</td> </tr> <tr> <td>Attorney Docket No.</td> <td>32014-141666</td> </tr> </table>		Application Number	09/229,628	Filing Date	January 13, 1999	First Named Inventor	Yasutaka SAKAINO	Examiner Name	TBA	Group / Art Unit	TBA	Attorney Docket No.	32014-141666
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TOTAL AMOUNT OF PAYMENT (\$) 878															



METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																																																				
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 22-0261</p> <p>Deposit Account Name: </p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other </p>				<p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity (\$)</th> <th>Small Entity (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2215</td><td>55</td><td></td></tr> <tr><td>1252</td><td>430</td><td>2252</td><td>215</td><td></td></tr> <tr><td>1253</td><td>980</td><td>2253</td><td>490</td><td></td></tr> <tr><td>1254</td><td>1,530</td><td>2254</td><td>765</td><td></td></tr> <tr><td>1255</td><td>2080</td><td>2255</td><td>1040</td><td></td></tr> <tr><td>1401</td><td>340</td><td>2401</td><td>170</td><td></td></tr> <tr><td>1402</td><td>340</td><td>2402</td><td>170</td><td></td></tr> <tr><td>1403</td><td>300</td><td>2403</td><td>150</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td></td></tr> <tr><td>1453</td><td>1,370</td><td>2453</td><td>685</td><td></td></tr> <tr><td>1501</td><td>1,370</td><td>2501</td><td>685</td><td></td></tr> <tr><td>1502</td><td>490</td><td>2502</td><td>245</td><td></td></tr> <tr><td>1503</td><td>660</td><td>25403</td><td>330</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td></td></tr> <tr><td>1808</td><td>130</td><td>1808</td><td>130</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td></td></tr> <tr><td>1809</td><td>790</td><td>2809</td><td>395</td><td></td></tr> <tr><td>1810</td><td>790</td><td>2810</td><td>395</td><td></td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td></td></tr> </tbody> </table> <p>Other fee (specify) _____</p> <p>*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 0)</p>				Fee Code	Large Entity (\$)	Small Entity (\$)	Fee Description	Fee Paid	1051	130	2051	65		1052	50	2052	25		1053	130	1053	130		1812	2,520	1812	2,520		1804	920*	1804	920*		1805	1,840*	1805	1,840*		1251	110	2215	55		1252	430	2252	215		1253	980	2253	490		1254	1,530	2254	765		1255	2080	2255	1040		1401	340	2401	170		1402	340	2402	170		1403	300	2403	150		1451	1,510	1451	1,510		1452	110	2452	55		1453	1,370	2453	685		1501	1,370	2501	685		1502	490	2502	245		1503	660	25403	330		1460	130	1460	130		1807	50	1807	50		1808	130	1808	130		8021	40	8021	40		1809	790	2809	395		1810	790	2810	395		1801	790	2801	395		1802	900	1802	900	
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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Jeffrey A. Kaminski	Registration No. Attorney/Agent	42,709	Telephone	202-344-4000
Signature				Date	10/27/2004